



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
HAUSER  
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Cincinnati OH 45236

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**INSURED**  
North Holdings, Inc., North Buyer, Inc., FlexBank, LLC, North Holdco, Inc.  
600 Naches Avenue Southwest  
Renton WA 98057

NAVIA-1

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : The Ohio Casualty Insurance Company	24074
INSURER B : West American Insurance Company	44393
INSURER C : Westfield Specialty Insurance Company	16992
INSURER D : Westchester Surplus Lines Ins	10172
INSURER E : Crum & Forster Specialty Ins Company	44520
INSURER F :	

**COVERAGES****CERTIFICATE NUMBER:** 205460670**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BKO58366797	10/31/2024	10/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAW59639142	10/31/2024	10/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO58366797	10/31/2024	10/31/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	XWW58366797	10/31/2024	10/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C D E	Technology E&O/Cyber/MPL Excess Tech E&O/Cyber/MPL Professional Liability (E&O)	N	N	PCE-369040G-01 G47502494001 IAP-102195	10/31/2024 10/31/2024 10/31/2024	10/31/2025 10/31/2025 10/31/2025	\$5,000,000 Aggregate \$5MM x \$5MM PLEASE SEE BELOW \$250K Retention

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

NAMED INSURED'S:  
Navia Benefit Solutions, Inc., Administrative Solutions - Fresno, LLC, BusinessPlans, Incorporated  
Arcadia Benefits Group Inc, The Taben Group, L.C.  
TRI-AD ACTUARIES, LLC. AND TRI-AD CAPITAL MANAGEMENT I, LLC  
Comsal Inc, Nexus Administrators, LLC, Nexus Intermediate Holdings, Inc..

POLICY NO. IAP-102195 (Tri-AD)  
Policy Aggregate Limit: \$2,000,000  
See Attached...

**CERTIFICATE HOLDER**

Snohomish County Government  
3000 Rockefeller Ave MS 610  
Everett WA 98201

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# ADDITIONAL REMARKS SCHEDULE

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AGENCY HAUSER		NAMED INSURED North Holdings, Inc., North Buyer, Inc., FlexBank, LLC, North Holdco, Inc. 600 Naches Avenue Southwest Renton WA 98057
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Retention per claim: \$50,000  
 The above policy also provides coverage for Professional (E&O) Liability: Investment Advisor  
 Sublimit for Cost of Corrections: \$250,000  
 Retention for Cost of Corrections: \$50,000

### CRIME INSURANCE PROGRAM:

AIG (Primary Crime) | Policy Number: 01-824-50-27  
 Policy Effective: 10/31/2024 - 10/31/2025  
 Aggregate Limit: \$5,000,000  
 Retention: \$100,000 per claim  
 ERISA coverage included

Evanston Insurance Co. (2nd Excess Layer) | Policy Number: 07PR0283210  
 Policy Effective: 10/31/2024 - 10/31/2025  
 Limit: \$5M x \$11M (Employee Theft + Clients' Property)  
 Limit: For all other crime insuring agreements: \$5M x \$10M  
 Deductible: \$0

Hiscox Insurance Co. (3rd Excess Layer) | Policy Number: UC25257318.24  
 Policy Effective: 10/31/2024 - 10/31/2025  
 Limit: \$4M x \$16M (Employee Theft + Clients' Property)  
 Limit: For all other crime insuring agreements: \$5M x \$15M  
 Deductible: \$0

Axis Insurance Co. (4th Excess Layer) | Policy Number: P-001-000231409-05  
 Policy Effective: 10/31/2024 - 10/31/2025  
 Limit: \$5M x \$20M  
 Deductible: \$0

Computer Fraud, Funds Transfer Fraud, and Social Engineering Fraud are all included in above limit.

Snohomish County Government is listed as an Additional Insured per written contract on file.